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## AMENDED FILING EXPLANATION

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Please find an amended April electronic filing enclosed for Aetna Life Insurance Company. The filing amends the Accident and Health Policy Experience Exhibit (the "Exhibit"). Specifically, it amends Part B, Group Business, Line 1 (Single Employer, Comprehensive Medical) to provide a breakout between small employer and other employer. In the original filing, all data was included as small employer in the Exhibit. This is the only change to the Exhibit and the Grand Totals did not change as a result.



ANNUAL STATEMENT

For the Year Ended December 31, 2008  
of the Condition and Affairs of the

AETNA LIFE INSURANCE COMPANY

NAIC Group Code.....0001, 0001 (Current Period) (Prior Period)	NAIC Company Code..... 60054	Employer's ID Number..... 06-6033492
Organized under the Laws of CONNECTICUT Incorporated/Organized..... June 14, 1853	State of Domicile or Port of Entry CONNECTICUT Commenced Business..... December 31, 1850	Country of Domicile US
Statutory Home Office	151 Farmington Avenue..... Hartford ..... CT ..... 06156 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	151 Farmington Avenue..... Hartford ..... CT ..... 06156 (Street and Number) (City or Town, State and Zip Code)	860-273-0123 (Area Code) (Telephone Number)
Mail Address	151 Farmington Avenue, RT21..... Hartford ..... CT ..... 06156 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	151 Farmington Avenue..... Hartford ..... CT ..... 06156 (Street and Number) (City or Town, State and Zip Code)	860-273-7199 (Area Code) (Telephone Number)
Internet Web Site Address	www.aetna.com	
Statutory Statement Contact	Joseph Anthony Alfano (Name) AlfanoJA@aetna.com (E-Mail Address)	860-273-7199 (Area Code) (Telephone Number) (Extension) 860-273-8968 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. RONALD ALLAN WILLIAMS	CHAIRMAN, CEO & PRESIDENT	2. JUDITH HELEN JONES #	SECRETARY
3. ALFRED PAUL QUIRK, JR.	TREASURER	4. MICHAEL WILLIAM FEDYNA	CHIEF ACTUARY

OTHER

Joseph Michael Zubretsky	Executive VP & Chief Fin Officer	Jean Casey LaTorre #	VP & Chief Investment Officer
Rajan Parmeswar #	VP & Contoller	Steven Jay Sigal	Vice President
William James Casazza	Sr. VP & General Counsel	Lonny Reisman MD #	Sr. VP & Chief Medical Officer

DIRECTORS OR TRUSTEES

Jean Casey LaTorre #	Ronald Allan Williams	Joseph Michael Zubretsky
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State of..... CONNECTICUT  
County of..... HARTFORD

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) RONALD ALLAN WILLIAMS	(Signature) JUDITH HELEN JONES	(Signature) ALFRED PAUL QUIRK, JR.
1. (Printed Name) CHAIRMAN, CEO & PRESIDENT	2. (Printed Name) SECRETARY	3. (Printed Name) TREASURER
(Title)	(Title)	(Title)
Subscribed and sworn to before me this ..... day of ....., 2009 .....	Subscribed and sworn to before me this ..... day of ....., 2009 .....	Subscribed and sworn to before me this ..... day of ....., 2009 .....

a. Is this an original filing?	Yes [ X ]    No [   ]
b. If no	
1. State the amendment number	_____
2. Date filed	_____
3. Number of pages attached	_____



ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only  
For the Year Ended December 31, 2008  
(To Be Filed by April 1)

210.1

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of December 31	Number of Covered Lives as of December 31	Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical:							
1.1 With contract reserves.....	493,935,698	331,051,340	6,241,519	68.287	105,905	149,117	1,740,811
1.2 Without contract reserves.....				0.000			
1.3 Subtotal.....	493,935,698	331,051,340	6,241,519	68.287	105,905	149,117	1,740,811
2. Short-Term Medical:							
2.1 With contract reserves.....				0.000			
2.2 Without contract reserves.....				0.000			
2.3 Subtotal.....	0	0	0	0.000	0	0	0
3. Other Medical (Non-Comprehensive):							
3.1 With contract reserves.....				0.000			
3.2 Without contract reserves.....				0.000			
3.3 Subtotal.....	0	0	0	0.000	0	0	0
4. Specified/Named Disease:							
4.1 With contract reserves.....				0.000			
4.2 Without contract reserves.....				0.000			
4.3 Subtotal.....	0	0	0	0.000	0	0	0
5. Limited Benefit:							
5.1 With contract reserves.....				0.000			
5.2 Without contract reserves.....				0.000			
5.3 Subtotal.....	0	0	0	0.000	0	0	0
6. Student:							
6.1 With contract reserves.....				0.000			
6.2 Without contract reserves.....				0.000			
6.3 Subtotal.....	0	0	0	0.000	0	0	0
7. Accident Only or AD&D:							
7.1 With contract reserves.....				0.000			
7.2 Without contract reserves.....				0.000			
7.3 Subtotal.....	0	0	0	0.000	0	0	0
8. Disability Income - Short Term:							
8.1 With contract reserves.....				0.000			
8.2 Without contract reserves.....				0.000			
8.3 Subtotal.....	0	0	0	0.000	0	0	0

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of December 31	Number of Covered Lives as of December 31	Member Months
<b>A. INDIVIDUAL BUSINESS (Continued)</b>							
9. Disability Income - Long-Term:							
9.1 With contract reserves.....				0.000			
9.2 Without contract reserves.....				0.000			
9.3 Subtotal.....	0	0	0	0.000	0	0	0
10. Long-Term Care:							
10.1 With contract reserves.....				0.000			
10.2 Without contract reserves.....				0.000			
10.3 Subtotal.....	0	0	0	0.000	0	0	0
11. Medicare Supplement (Medigap):							
11.1 With contract reserves.....	2,800,952	2,685,539		95.880	2,162	2,162	17,965
11.2 Without contract reserves.....				0.000			
11.3 Subtotal.....	2,800,952	2,685,539	0	95.880	2,162	2,162	17,965
12. Dental:							
12.1 With contract reserves.....				0.000			
12.2 Without contract reserves.....				0.000			
12.3 Subtotal.....	0	0	0	0.000	0	0	0
13. State Children's Health Insurance Program:							
13.1 With contract reserves.....				0.000			
13.2 Without contract reserves.....				0.000			
13.3 Subtotal.....	0	0	0	0.000	0	0	0
14. Medicare:							
14.1 With contract reserves.....	3,188,835,784	2,762,884,004		86.642	604,188	604,188	7,143,093
14.2 Without contract reserves.....				0.000			
14.3 Subtotal.....	3,188,835,784	2,762,884,004	0	86.642	604,188	604,188	7,143,093
15. Medicaid:							
15.1 With contract reserves.....				0.000			
15.2 Without contract reserves.....				0.000			
15.3 Subtotal.....	0	0	0	0.000	0	0	0
16. Other Individual Business:							
16.1 With contract reserves.....				0.000			
16.2 Without contract reserves.....				0.000			
16.3 Subtotal.....	0	0	0	0.000	0	0	0
17. Total Individual Business:							
17.1 With contract reserves.....	3,685,572,434	3,096,620,883	6,241,519	84.189	712,255	755,467	8,901,869
17.2 Without contract reserves.....	0	0	0	0.000	0	0	0
18. Grand Total Individual.....	3,685,572,434	3,096,620,883	6,241,519	84.189	712,255	755,467	8,901,869

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1	Number of Policies or Certificates as of December 31	Number of Covered Lives as of December 31	Member Months
<b>B. GROUP BUSINESS</b>							
Comprehensive Medical:							
1. Single Employer:							
1.1 Small employer.....	1,676,201,358	1,341,633,759		80.040	245,006	489,867	5,690,527
1.2 Other employer.....	4,891,728,412	4,123,102,480	(5,396,206)	84.177	733,808	1,394,236	16,312,561
1.3 Single employer subtotal.....	6,567,929,769	5,464,736,239	(5,396,206)	83.121	978,814	1,884,103	22,003,088
2. Multiple Employer Associations and Trusts.....				0.000			
3. Other Associations and Discretionary Trusts.....				0.000			
4. Other Comprehensive Major Medical.....				0.000			
5. Comprehensive/Major Medical Subtotal.....	6,567,929,769	5,464,736,239	(5,396,206)	83.121	978,814	1,884,103	22,003,088
Other Medical (Non-Comprehensive):							
6. Specified/Named Disease.....				0.000			
7. Limited Benefit.....				0.000			
8. Student.....	463,618,372	348,648,882		75.202	485,595	494,348	5,932,176
9. Accident Only or AD&D.....	74,809,575	34,455,961		46.058	16,256	3,207,931	38,495,172
10. Disability Income - Short-Term.....	151,153,352	111,650,534		73.866	488,650	488,650	6,421,961
11. Disability Income - Long-Term.....	384,846,594	360,030,540		93.552	1,387,552	1,387,552	16,647,330
12. Long-Term Care.....	52,577,570	49,465,804	(491,200)	93.147	106,810	106,810	1,897,593
13. Medicare Supplement (Medigap).....				0.000			
14. Federal Employees Health Benefit Plans.....	158,097,727	130,725,507	53,828	82.721	120,441	225,914	2,645,062
15. Tricare.....				0.000			
16. Dental.....	1,026,796,848	774,196,666	(688,598)	75.332	1,128,004	4,111,036	49,399,316
17. Medicare.....				0.000			
18. Other Group Care.....				0.000			
19. Grand Total Group Business.....	8,879,829,807	7,273,910,132	(6,522,176)	81.842	4,712,122	11,906,344	143,441,698
<b>C. OTHER BUSINESS</b>							
1. Credit (Individual and Group).....	1,013	810		80.044	58	58	696
2. Stop Loss/Excess Loss.....	398,019,294	250,960,994		63.052	1,196,430	2,507,729	27,412,692
3. Administrative Services Only.....	XXX	XXX	XXX	0.000			
4. Administrative Services Contracts.....	XXX	XXX	XXX	0.000			
5. Grand Total Other Business.....	398,020,307	250,961,805	0	63.053	1,196,488	2,507,787	27,413,388
<b>D. TOTAL BUSINESS</b>							
1. Total Non-U.S. Policy Forms.....				0.000			
2. Grand Total Individual, Group and Other Business.....	12,963,422,547	10,621,492,821	(280,657)	81.932	6,620,865	15,169,598	179,756,955

**ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR**

PART 1 - INDIVIDUAL POLICIES

SUMMARY

	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	3,685,666,223	3,096,654,850	6,241,519	84.188
2. Other forms direct business.....				0.000
3. Total direct business.....	3,685,666,223	3,096,654,850	6,241,519	84.188
4. Reinsurance assumed.....				0.000
5. Less reinsurance ceded.....	305,250	(38,009)		(12.452)
6. Total.....	3,685,360,973	3,096,692,859	6,241,519	84.196

PART 2 - GROUP POLICIES

SUMMARY

	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	9,277,755,312	7,524,837,159	(6,522,177)	81.036
2. Other forms direct business.....				0.000
3. Total direct business.....	9,277,755,312	7,524,837,159	(6,522,177)	81.036
4. Reinsurance assumed.....	97,451	2,328,175	(2,629,073)	(308.770)
5. Less reinsurance ceded.....	369,493,490	352,521,360		95.407
6. Total.....	8,908,359,273	7,174,643,973	(9,151,250)	80.436

PART 3 - CREDIT POLICIES (Individual and Group)

SUMMARY

	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	1,013	810		80.044
2. Other forms direct business.....				0.000
3. Total direct business.....	1,013	810	0	80.044
4. Reinsurance assumed.....				0.000
5. Less reinsurance ceded.....	1,013	810		80.044
6. Total.....	0	0	0	0.000

PART 4 - ALL INDIVIDUAL, GROUP AND CREDIT POLICIES

SUMMARY

	1	2	3	4
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2 + 3) / 1
1. U.S. forms direct business.....	12,963,422,547	10,621,492,820	(280,658)	81.932
2. Other forms direct business.....	0	0	0	0.000
3. Total direct business.....	12,963,422,547	10,621,492,820	(280,658)	81.932
4. Reinsurance assumed.....	97,451	2,328,175	(2,629,073)	(308.770)
5. Less reinsurance ceded.....	369,799,753	352,484,162	0	95.318
6. Total.....	12,593,720,245	10,271,336,833	(2,909,731)	81.536